

GENERAL INFORMATION FORM

FEDERAL S.T.O.P. VIOLENCE AGAINST WOMEN ACT

FISCAL YEAR 2006

GOVERNOR'S USE ONLY Date Received: _____	Application Number: _____
APPLICANT IDENTIFICATION	
Agency Name: _____	
Address: _____	
City: _____	State/Zip: _____ County: _____
Website: _____ Federal Employer Identification Number: _____	
AUTHORIZED CERTIFYING OFFICIAL	
(The primary contact listed will receive ALL correspondence from this office.)	
Name: _____	
Telephone: () _____	Fax: () _____ EMAIL: _____
Fiscal Officer:	
Name: _____	
Telephone: () _____	Fax: () _____
PROGRAM INFORMATION Funding Period: From January 1, 2006 to December 31, 2006	
County (ies) in which proposed grant project will operate: _____	
Brief description of proposed grant project: _____	
If awarded, these funds will be used for program purpose numbers (refer to pages 1 & 2 of Guidelines to select from 1 through 7): _____	
Number of years agency has been in operation: _____	
Projected number of persons to be served: _____	
If awarded, these funds will:	
_____ Create a new grant project or service activity OR	
_____ Enhance or expand an ongoing grant project or service activity <u>not</u> previously funded by VAWA OR	
_____ Enhance or expand an ongoing grant project or service activity currently funded by VAWA funds	
Total Agency Budget for Current Fiscal Year: \$ _____ Next Fiscal Year: \$ _____	
Federal S.T.O.P. VAWA Act Grant Project Request	
(excluding match, i.e. 74% of Total Proposed Grant Project) \$ _____	
(this figure should match #2 "Federal VAWA Request" on the Budget Summary Form)	
Grant Match (non federal cash or inkind) Dollar Amount (must be 26% of Total Proposed Grant Project). \$ _____	
List match source(s) _____	

This page should be completed last, after the rest of the application is ready to be submitted.